

DIVISION OF ADMINISTRATION
REQUEST TO RECRUIT FOR VACANT POSITION

DA 5180: 03/01/04

Request No.:	Section:	Unit:	Date Prepared
Mailing Address		Address Where Vacancy is Located (No., Street, City):	
Title of Vacant Position and/or Career Progression Titles:			Position Number:
Is this a "budgeted" position? YES <input type="checkbox"/> NO <input type="checkbox"/>		If not, what position do you want to swap it for?	
Date Position Became or Will Become Vacant?		Former Incumbent:	
YES <input type="checkbox"/> NO <input type="checkbox"/> Is the position description (SF3) for this position accurate? YES <input type="checkbox"/> NO <input type="checkbox"/> Have the duties of this position been evaluated for the Essential Function? YES <input type="checkbox"/> NO <input type="checkbox"/> Has an evaluation been conducted to assure the FLSA status of Exempt / Non-Exempt is correct?			
ALL VACANCIES MUST BE ANNOUNCED, PLEASE SELECT ONE OR MORE OPTIONS:			
<input type="checkbox"/> PROBATIONAL APPLICANTS		<input type="checkbox"/> PROMOTIONAL – STATEWIDE EMPLOYEES	
<input type="checkbox"/> PROMOTIONAL – DIV. OF ADMIN. EMPLOYEES		<input type="checkbox"/> OTHER (Temporary: Job Appointment OR Restricted	
JOB SEARCH Statement of Responsibilities: This position is responsible for			
JOB SEARCH Statement of Preference: Preference will be given to applicants with experience			
LIST SPECIAL REQUIREMENTS: <input type="checkbox"/> Work Schedule: <input type="checkbox"/> DRIVING <input type="checkbox"/> TRAVEL <input type="checkbox"/> SER Pay Rate: \$ <input type="checkbox"/> Typing: WPM <input type="checkbox"/> OTHER: <input type="checkbox"/> Overtime (as deemed necessary)			
PLEASE CERTIFY (List Name and Soc. Sec. No.) (1)			
(2) (3)			
HR Liaison:	Phone #:	Interview Supervisor:	Phone #:
ADDITIONAL REMARKS:			
Section Head: Date:			
Appointing Authority: Date:			
Official EA Unit Use:			
Org. ID:	Personnel Area:	Job Code:	Series/Card #
		/	
Register Title:			
Ann Proc: <input type="checkbox"/> CTS <input type="checkbox"/> STE <input type="checkbox"/> ANN <input type="checkbox"/> Other	Selec Proc: <input type="checkbox"/> Other: _____ <input type="checkbox"/> E&T <input type="checkbox"/> Written <input type="checkbox"/> Combo <input type="checkbox"/> Type	Pay Level: _____ S:	SER \$ MIN \$ MAX \$
<input type="checkbox"/> COMP <input type="checkbox"/> NON-COMP	Region: <input type="checkbox"/> 8-EBR <input type="checkbox"/> Other: _____	Cert. Score	EEO Code Dept Pref Refer
Requisition #:	Certificate #:	Announcement #:	Announcement Dates: